TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/846,727
Filing Date	April 27, 2004
First Named Inventor	Craig R. Malloy, et al.
Art Unit	1743
Examiner Name	Monique T. Cole

Total Number of Pages in This Submission	11	Attorney Docket Number	119929-1031

ENCLOSURES   *(Check all that apply)*

- [✓] Fee Transmittal Form
  - [ ] Fee Attached
- [✓] Amendment/Reply
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [✓] Extension of Time Request
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement
- [ ] Certified Copy of Priority Document(s)
- [ ] Response to Missing Parts/ Incomplete Application
  - [ ] Response to Missing Parts under 37 CFR 1.52 or 1.53

- [ ] Drawing(s)
- [ ] Licensing-related Papers
- [ ] Petition
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney, Revocation Change of Correspondence Address
- [ ] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number of CD(s) _____

- [ ] After Allowance communication to Technology Center (TC)
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter
- [✓] Other Enclosure(s) (please Identify below):
  RETURN POST CARD

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas C. Wright, Registration No. 47,189
Signature	
Date	April 30, 2004

CERTIFICATE OF TRANSMISSION/MAILING

Certificate of Mailing under 37 CFR 1.8: I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope, with sufficient postage, addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on April 27, 2004.

Typed or printed name	Linda L. Gibson		
Signature		Date	April 30, 2004

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
119929-1031

CLAIMS AS FILED – PART I

	(Column 1)		(Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))						$355.00	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))	58	minus 20 =	* 38		X $ 9.00 =	342.00	OR	X $ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	6	minus 3 =	* 3		X $ 43.00 =	120.00	OR	X $ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ $ .00 =	.00	OR	+ $ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL	817.00	OR	TOTAL	

CLAIMS AS AMENDED – PART II

		(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
AMENDMENT A	Total (37 CFR 1.16(c))	* 27	Minus	** 58	= 0	X $ 00 =	.00	OR	X $ =	
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 6	= 0	X $ 00 =	.00	OR	X $ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ =		OR	+ $ =	
						TOTAL ADD'L FEE	.00	OR	TOTAL ADD'L FEE	

		(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
AMENDMENT B	Total (37 CFR 1.16(c))	*	Minus	**	=	X $ =		OR	X $ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	X $ =		OR	X $ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ =		OR	+ $ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

		(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
AMENDMENT C	Total (37 CFR 1.16(c))	*	Minus	**	=	X $ =		OR	X $ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	X $ =		OR	X $ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ =		OR	+ $ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.